

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <u>09/807164</u> FILING DATE	
						APPLICANT(S)	
CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1		1				51
2		1		1			52
3		1		1			53
4		3		1			54
5		3		1			55
6		0		1			56
7		0		1			57
8		0		1			58
9		0		1			59
10		0		1			60
11		0		1			61
12		0		1			62
13		0	1				63
14		0		1			64
15		0		1			65
16		0		1			66
17		0		1			67
18		0		1			68
19							69
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40							90
41							91
42							92
43							93
44							94
45							95
46							96
47							97
48							98
49							99
50							100
TOTAL IND.		1	2				
TOTAL DEP.			18				
TOTAL CLAIMS			18				